



Docket No. 0179/61248-A/SPW/BJA

In re application of: Gregory B. Wilson et al.

Serial No.: 09/776,448-010

Examiner: Bao Qun Li

Filed: February 2, 2001

Group Art Unit: 1648

For: Human Herpesvirus 6A and 6B Transfer Factors Specific for the Treatment of Chronic Fatigue Syndrome and Multiple Sclerosis

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

October 5, 2004

S I R:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

       a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

       No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTIT
Total Claims	13	20	*** 0	X	\$9.00	\$18.00	0	
Indepen- dent Claims	4	** 3	*** 1	X	\$44.00	\$88.00	44	
Multiple Dependent Claims(s) Presented <u>      </u> Yes <u>X</u> No					\$150.00	\$300.00	0	
For First Time:					TOTAL ADDITIONAL \$ 44 FEE			

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Amendment Transmittal Letter  
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_.

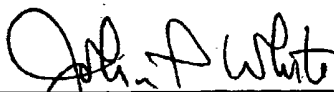
☒ A check in the amount of \$ 250.00 is enclosed.  
(Including \$44.00 claim fees and \$215.00 for a two month extension of time)

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

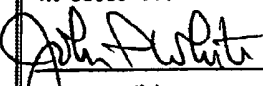
☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
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